

SURETY FORM

(To be completed by Surety Company and submitted by Offeror)

Surety Name: _____

Address: _____

Phone Number: _____

Contractor Name: _____

Address: _____

Phone Number: _____

How long have you provided bonding for the above Contractor? _____

How would you rate your relationship with this contractor? (If Unsatisfactory or Other, please explain)

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Other _____

Bonding Limit for a single project? _____

Aggregate amount? _____

Current available bonding? _____

Have you ever had to complete a project for the Contractor? ☐ Yes ☐ No

Has liability insurance ever been refused? ☐ Yes ☐ No

Have there been complaints of non-payments by subcontractors/suppliers? ☐ Yes ☐ No

Has the surety had to pay subcontractors/suppliers? ☐ Yes ☐ No